

APPLICATION TO OPERATE A TEENAGE CLUB

FEE: \$25.00

LICENSE YEAR: JUNE 1 THRU MAY 31

RETURN TO:

City Clerk's Office

555 S. 10th St.

Lincoln NE 68508

LMC Chapter 5.52

Please PRINT using blue or black ink only!

CLUB'S INFORMATION			
NAME:			
ADDRESS:			
ZIP:		PHONE #:	FAX #:

APPLICANT'S INFORMATION			
NAME:			
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE #:		AGE:	

OWNER'S INFORMATION			
NAME:			
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE #:		AGE:	

MANAGER'S INFORMATION			
NAME:			
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE #:		AGE:	

Sponsors & Chaperons <i>(use separate sheet if necessary)</i>		
NAME	ADDRESS <i>(Street, City, State & Zip)</i>	AGE

Manner in which Organized: _____

PREMISES INFORMATION:

Complete Description: _____

Maximum Number of Persons who will be allowed on Club Premises: _____

Activities to be sponsored, promoted or engaged in by such Club: _____

Facilities which will be provided by Club for Members: _____

Type of Operation:

_____ Individually Owned

_____ Corporation

_____ Partnership

Partners, Officer, Directors, & Stockholders owning over 25% of Stock <i>(use separate sheet if necessary)</i>		
NAME	ADDRESS	AGE

Have any of the above named persons been convicted of a felony: _____ Yes _____ No

If so, give name, date, place & Particulars below:

Date	Name	Place	Particulars

Minimum Number of Adult Supervisors: _____

Dated this _____ day of _____, _____.

Signature of Applicant

Printed Name of Applicant

Applications are available on the City's web site at "www.ci.lincoln.ne.us".

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____
